

# MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

## -62-010052

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 639

STATE FILE NUMBER

**FILED MAR 19 1962**

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CAPE GIRARDEAU</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>POPLAR BLUFF</u>		c. CITY OR TOWN <u>CAPE GIRARDEAU</u>	
Length of stay in 1b <u>1 DAY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION</u>		d. STREET ADDRESS (If outside, give location) <u>621 RAINEY STREET</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ROY</u> Middle <u>ELMONT</u> Last <u>HARVELL</u>			4. DATE OF DEATH Month <u>3</u> Day <u>6</u> Year <u>1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>9-25-95</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRUDGE BOAT OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRANSPORTATION</u>		11. BIRTHPLACE (City and state or country) <u>DELTA, ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>GEORGE HARVELL</u>		13b. MOTHER'S MAIDEN NAME <u>ANNIE THOMPSON</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WWI</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 Minutes</u>	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>4/10/62</u> <u>BRONCHIAL ASTHMA.</u> <u>4/10/62</u> <u>PULMONARY EMPHYSEMA, FIBROSIS.</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>12</u> a.m. p.m. <u>PM</u> Month, Day, Year <u>March 6, 1962</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>VA</u>		20f. CITY, TOWN, OR LOCATION <u>POPLAR BLUFF, MO.</u>	
21. I attended the deceased from <u>March 6, 1962</u> to <u>March 6, 1962</u> Death occurred at <u>12:10PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. A. ADGREN, M.D., Actg. Chief, Med. Svc.</u> (Degree & title)		22b. ADDRESS <u>VA Hospital, Poplar Bluff, Mo.</u>		22c. DATE SIGNED <u>3/8/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3-8-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>LORIMIER CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>CAPE GIRARDEAU, MO.</u>		24. FUNERAL DIRECTOR <u>FORD &amp; SONS</u>		25. DATE RECD. BY LOCAL REG. <u>3/16/1962</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
  
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13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Philip J. Casserly*

Licensed Embalmer No.

*4618*

P. O. Address

*Poplar Bluff, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.